



Stacy Gall  
City Clerk

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## **APPLICATION FOR TAG DAY**

### **INSTRUCTIONS FOR COMPLETING THE TAG DAY APPLICATION**

**THE FOLLOWING CONDITIONS MUST BE MET BEFORE A REQUEST SHALL BE GRANTED:**

- ❖ Tag Days require proof of insurance with a minimum of \$1,000,000.00 liability coverage to be submitted to the City Clerk's office prior to the date of the event.
- ❖ Tag days also require satisfactory proof that the organization soliciting contributions is a charitable organization. Tag Days are to be held only at predetermined street intersections: You may NOT choose your own intersections. These intersections are:
  - Station Street and Wall Street
  - Schuyler Avenue and River Street
  - Schuyler Avenue and Brookmont Boulevard
  - Harrison Avenue and Station Street
  - Indiana Avenue and Station Street
  - Water Street and Washington Avenue
- ❖ Additionally, the City Ordinance provides the following rules:
  - Wear reflective vests approved by the Police Chief.
  - No one under the age of sixteen (16).
  - No soliciting during inclement weather.
  - Soliciting may begin ½ hour after sunrise to 6:00 p.m. or ½ hour after sunset.
  - Organization's name must be labeled on the outside of collection containers.
- ❖ All applications and attached documentation must be submitted to the City Clerk's office by the Wednesday prior to the Council date preceding the event.

**\*\*Completion of the form will help to avoid delays in processing. It is important that you follow the instructions and provide clear and accurate information. Submit all necessary documents with this application. You will be notified by letter if the event has been approved. Do not assume that all aspects of the event will be approved; you may be asked to make some changes to your plan based on the availability of services and scheduling of other events. Therefore, you are encouraged not to make any other arrangements for your event until approval from the City Council has been received\*\***

**(PLEASE PRINT)**

**SPONSORING ORGANIZATION OR INDIVIDUAL FOR TAG DAY:** \_\_\_\_\_

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY, STATE, ZIP:** \_\_\_\_\_

**HOME PHONE:** \_\_\_\_\_ **CELL PHONE:** \_\_\_\_\_

**EVENT NAME:** \_\_\_\_\_

**EVENT DATE:** \_\_\_\_\_

**RAIN DATE (IF ANY):** \_\_\_\_\_

**THE UNDERSIGNED REPRESENTS THE PARTICIPANTS IN SAID EVENT AND  
AGREES TO THE CONDITIONS OF THE APPLICATION:**

**SIGNED:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**Office Use Only:**

**Proof of insurance submitted?** ☐ Yes ☐ No

**Proof of charitable organization?** ☐ Yes ☐ No

**Processed by:** \_\_\_\_\_ **Date/Time:** \_\_\_\_\_

☐ Approved ☐ Denied

**If Denied Reason for Denial:** \_\_\_\_\_

\_\_\_\_\_